

SECOND AMENDATORY AGREEMENT

THIS SECOND AMENDATORY AGREEMENT is made by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (the “City”) and **MENTAL HEALTH CENTER OF DENVER**, a Colorado not for profit corporation, with its principal place of business located at 4141 East Dickenson Place, Denver, Colorado 80222 (the “Contractor”), collectively “the Parties.”

WITNESSETH:

WHEREAS, the Parties entered into an Agreement dated May 4, 2010 and amended the Agreement on October 5, 2011 to provide for IDDT services to clients in Drug Court through a SAMHS grant called DARTT (the “Agreement”); and

WHEREAS, the Parties intend to amend the Agreement to update the Scope of Services and extend the term.

NOW, THEREFORE, in consideration of the premises and the mutual covenants and obligations herein set forth, the Parties agree as follows:

1. All references to “...Exhibit A and A-1...” in the existing Agreement shall be amended to read: “...Exhibit A, A-1, and A-2 as applicable...”. The Scope of Services marked as Exhibit A-2 is attached and incorporated by reference.

2. Article 3 of the Agreement entitled “**TERM**” is amended to read as follows:

“**3. TERM;** The Agreement will commence on February 1, 2010 and will expire on July 29, 2013 (the "Term"). Subject to the Manager's prior written authorization, the Contractor shall complete any work in progress as of the expiration date and the Term of the Agreement will extend until the work is completed or earlier terminated by the Manager.”

3. This Second Amendatory Agreement may be executed in counterparts, each of which shall be deemed to be an original, and all of which, taken together, shall constitute one and the same instrument.

4. Except as herein amended, the Agreement is affirmed and ratified in each and every particular.

EXHIBIT LIST:

EXHIBIT A-2 - SCOPE OF WORK

[SIGNATURE PAGES FOLLOW]

Contract Control Number: SAFTY-GE94065-02

Contractor Name: Mental Health Center of Denver

By: Carl Clark

Name: Carl Clark, MD
(please print)

Title: Chief Executive officer
(please print)

ATTEST: [if required]

By: _____

Name: _____
(please print)

Title: _____
(please print)



Contract Control Number:

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of

SEAL

CITY AND COUNTY OF DENVER

ATTEST:

By _____

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

By _____

By _____

By _____



EXHIBIT A-2

**Scope of Work:
Mental Health Center of Denver (MHCD)
DARTT – SAMHSA Drug Court Services**

Contract #
GE94065

Revenue Source:
SAMSHA Contract
GC93016
Administered by CPCC

This is an amendment to extend contract GE94065 for a total expenditure amount not to exceed \$602,799 for e amount of the contract with the contract ending 7/29/2013.

- A) Personnel: Total \$ 66,933 each year for a total of \$113,866 over the next two years ending July 2013.
- 1) DART Project Coordinator - Jay Flynn \$15,353 (20% of time)
 - 2) DART Clinical Program Manager – Eric Smith \$12,726 (20%)
 - 3) DART Director of Evaluation and Research – CJ McKinney \$4666 (.5%)
 - 4) DART Outcomes and Evaluation Specialist – James Linderman \$5387 (10%)
 - 5) DART Research Assistant – Charles Leon \$3851 (20%)
 - 6) DART Personnel Fringe: \$11,757
 - 7) Drug Court Coordinator – Kristin Wood - \$12,255 + 938 (fringe) = \$13,193
- B) Travel: Attendance for staff at mandatory trainings: \$12,800 x 2 years = \$25,600
- C) Treatment Services: Total \$121,200 x 2 years = \$242,400

- 1) Integrated Dual Disorders Treatment, Trauma Recovery and Empowerment, Motivational Enhanced Therapy and Supported Employment services within Strengths-Based Intensive Case Management (S-BICM) model (14.8 slots per year at \$8,090 per slot)
- 2) Client Incentives (\$20/client x 15 clients x 2 times a year). \$1200 x 2 years = \$2400

MHCD will provide the following: **In-kind** services: \$ 116,038 over two years

- | | |
|---|-----------|
| a) Personnel and fringe | \$ 1,438 |
| b) Alternative to hospitalization at \$250/day | \$ 17,500 |
| c) Anti craving medications | \$ 57,600 |
| d) Community Treatment/recovery Services | \$ 32,000 |
| e) Client expenses – lab charges and medical supplies | \$7,500 |
- at an estimated average of \$625/client

Location:

MHCD – 4141 E Dickenson Place, Denver, Co 80222

Vender # :

6951

Contact:

Jay Flynn

Time Frame:

October 2009 – September, 2012

Year One: Oct 2009 – Sept 2010

Year Two: Oct 2010 – Sept 2011

Year Three: Oct 2011 – Sept 2012

Year Four: Oct 2011 – July 2013

SUMMARY:

According to the awarded grant, funds are to be used for project implementation and evaluation, Integrated Dual Disorders Treatment, TREM and incentives. **MHCD will provide the program evaluation. The DARTT program will serve approximately 23 individuals at a time (60 over the 3 year period of the grant award) with up to 15 of these slots provided services from MHCD at any given time.**

Activity:

In Year 1, up to half of the 23 individuals will enter the program (assuming some participants will not complete the program and slots will become available as they are remanded back to the court). Because individuals will enter the program as their sentences are handed down and will complete the program at different rates (estimated completion of the program will take between 12 and 18 months per participant), in Years 2 and 3, the estimated number of unduplicated individuals drops from 18 to 20. A total of 60 unduplicated individuals will participate in the program over the three-year period from October 1, 2009 to September 30, 2012. Each individual will receive the following:

- 12 to 18 months of the S-BICM program with the TREM, IDDT and other interventions as necessary. Services will be offered in the participants preferred language by bi-lingual professionals trained in each intervention. The anticipated outcome of this service will be a successful, drug-free completion of the program by at least 70% of participants, who will then have 12 to 18 months of sobriety and stabilized mental health issues, improved coping mechanisms for dealing with substance abuse in the future, and a better understanding of the importance of medication and ongoing treatment for psychiatric disorders.
- 12 to 18 months of case management around issues of life skills development, transition planning, housing, employment and education, and other services as determined by each participant's treatment plan. The anticipated outcome of this service will be improved housing and employment rates among participants and improved life skills and support networks to help them remain drug-free and mentally stable upon completion of the program.
- Monthly drug screens in the form of UAs, follicle and swab tests. The anticipated outcome off this service will be that participants will have increased motivation to abstain from drug use during the program and will be more likely to complete the program successfully.

The **Denver Approach for Recovery Through Treatment (DARTT)** is a collaborative program through a partnership between the Denver Drug Court, the Denver Crime Prevention Control Commission (CPCC), Denver District Probation, Denver County Probation, the Mental Health Center of Denver (MHCD), and Colorado Coalition for the Homeless (CCH) to provide intensive substance abuse and mental health treatment up to 23 high-risk individuals annually. This program was approved for federal funding through a SAMHSA grant. The actual work to implement the grant will be done by MHCD and CCH.

The intent of this program is to immediately divert individuals with substance abuse disorders and co-occurring mental health issues at the time that they initially come into contact with the criminal justice system. Eligible individuals will be referred for treatment and support programming in lieu of jail through this program. This program is designed to provide Integrated Dual Disorders Treatment (IDDT), an evidence-based substance abuse treatment model, within a Strengths-Based Intensive Case Management (S-BICM) team approach. S-BICM is based on the promising practice of Assertive Community Treatment. Approximately 63 unduplicated individuals will receive services over the life of the three-year project.

The population of focus is adult offenders who have been adjudicated on felony or misdemeanor drug charges who present substance abuse and co-occurring mental health disorders upon arrest. Goals for this project include: **(1)** Build a sustainable collaborative infrastructure to ensure cross-system coordination between probation, law enforcement, courts and treatment, housing, employment and other support services to address existing service gaps for the probation population with co-occurring substance abuse disorders and **(2)** Reduce incarceration by increasing client access to and engagement with a multidisciplinary network of treatment and supportive services delivered using evidenced based practices. Key objectives include streamlining the referral process for the drug court treatment system, developing a system-wide sustainability and strategic plan, reducing recidivism by 70% and improving substance abuse, mental health, housing and employment outcomes.

The plan will address a number of domains, including: substance abuse and mental illness treatment, psychiatric symptom management, trauma-informed group interventions, basic life skills including money management, safe and stable housing, skill building and attainment, vocational/educational involvement, medical/dental service involvement, socialization, family involvement, and involvement with the legal system.

The proposed project will provide comprehensive treatment services integrated with a broad compendium of wraparound services to support recovery. MHCD and CCH are the designated service providers because of their expertise working with individuals who have substance abuse issues and co-occurring disorders. CCH has particular expertise with persons who are homeless and can provide

immediate housing in addition to treatment and case management services for persons referred. The two goals and the corresponding objectives for this project are:

Goal 1 *Build a sustainable collaborative infrastructure to ensure cross-system coordination among stakeholders to address existing service gaps for the probation population with mental illness and co-occurring substance abuse disorders*

- 1.1 Stakeholders, including project partners, participants as appropriate and members of the CPCC will meet quarterly in Year 1 and regularly thereafter to develop and monitor a strategic plan that includes service priorities for target populations based on a needs/resource assessment and gap analysis, as measured by the final report from those meetings.
- 1.2 The Project Director and Co-Director will supervise and guide the development of a seamless referral system to screen, divert and engage the population of focus before their probation is revoked due to technical violations, as measured by new referral protocols.
- 1.3 Stakeholders will outline and implement strategies to ensure overall cultural competency in service delivery and programming including issues of age, race, ethnicity, language, sexual orientation, disability, literacy and gender, as measured by the strategic plan.
- 1.4 The Project Co-Director will oversee the planning and will secure commitments from stakeholders to sustain successful project outcomes, as measured by memoranda of understanding regarding the long-term project and the existence of long-term funding.

Goal 2 *Reduce incarceration by increasing client access to and engagement with a multidisciplinary network of treatment and supportive services delivered using evidenced based practices.*

- 2.1 At least 22 offenders annually with diagnosed substance use disorders and co-occurring severe and persistent mental health disorders will enter the DARTT program, as measured by probation records.
- 2.2 At least 70% of participating offenders will graduate the program successfully (i.e. will not violate the terms of their probation, will not use controlled substances during drug court sentences and will not be remanded to the drug court or other judicial systems), as measured by probation records.
- 2.3 55% of enrolled clients with co-occurring substance abuse disorders show reduction in use within one year, measured by: GPRA/NOMS section on drug and alcohol use; Recovery Markers Inventory and the Socrates Questionnaire.
- 2.4 75% of participants will improve engagement in mental health services within one year and 45% will experience improvement in mental health symptoms, measured by Recovery Markers Indicator.
- 2.5 40% of enrolled clients will improve employment situation and 45% of enrolled clients will experience an improvement in their housing situation within one year as measured by Recovery Markers Indicator.
- 2.6 80% of clients satisfied with staff, services and resources provided through the program as measured by MHSIP survey

Activities: Year 4: October 1, 2011 to July 29, 2013	Deadline	Party Responsible	Milestone (Outcome Indicator)
Refer eligible participants based on high-need substance abuse and mental health disorders	Ongoing	Drug court officers	As the first participants graduate, slots are filled with new participants
Conduct full risk assessments for substance abuse and mental health disorders, identifying other services needed, for each participant	Within 1 week of placement	District and County Probation staff	A treatment plan with culture, language and other factors taken into consideration, for each participant
Provide ongoing treatment services for substance abuse and mental health disorders, based on assessed needs	At least 12 months per offender	MCHD and CCH staff, as appropriate	Active participation in treatment services by at least 70% of participants (future successful completers)
Provide housing resource and referral services as needed after placement in DARTT	Within 1 month	CCH	All participants will have stable and safe housing
Provide employment and education assistance as needed after placement in DARTT	Within 2 months	MHCD and CCH	All participants will demonstrate progress toward treatment plan employment and education goals
Provide life skills development and support system services after placement in DARTT	Within 4 months	MHCD and CCH	All participants will demonstrate progress toward treatment plan goals
Conduct periodic drug screens of each participant (UAs, follicle and swab tests)	Once each month	MHCD	At least 70% of participants will remain drug-free during participation in DARTT
Conduct periodic checks to assess fidelity to and progress toward treatment plan goals	Quarterly	MHCD and CCH	At least 70% of participants will demonstrate active participation in treatment plans; all will demonstrate fidelity to treatment plans
“Graduate” successful completers	Ongoing	Probation officers	By the close of Year 3, at least 70% of participants will demonstrate ability to graduate the program within 12-18 months of entry
Data collection for evaluation	Ongoing	MHCD, CCH staff, evaluators	By the close of Year 3, the evaluation team will have 30-33 months of treatment data
Conduct final evaluation on existing data	Start 4/1/13	Evaluators	Final evaluation report submitted to CSAT and local stakeholder agencies

Participants will be identified for eligibility in the program by drug court officers upon completion of screenings upon arrest and detailed substance abuse and mental health assessments upon entry into the drug court system. This screening and referral process will be streamlined during the first three months of the project and will be re-evaluated after nine months of ongoing referrals to ensure that participants' needs are being met in a culturally appropriate and effective manner. Participants will be recruited to the program by drug court officers as part of sentencing guidelines and participation will be voluntary. Participants will be retained in the program both by the quality of services and supports offered and by the sentences they receive, which will stipulate for how long and under what circumstances they must continue to be involved in the program. Participants who do not meet sentencing and program requirements (abstention from substance use, progress in treatment plans, etc.) will be remanded to the court for sentence violations. The use of sentencing as a motivator is expected to improve participants' likelihood of successfully completing the program.